Docket No.: 123663 112323

## DECLARATION UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: <a href="DIRECTLY CONTROLLED PROPORTIONAL PRESSURE CONTROL</a> CONTROLLED PROPORTIONAL PRESSURE CONTROL
VALVE

described and claimed in international application number PCT/DE2003/003740 filed November 12, 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

German Patent Application No. 102 55 740.3 Filed November 28, 2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America cither (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by line or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| <u></u> | Typewritten Full Name of Sole or First Inventor: Inventor's Signature; |         | Kourad  Given Name  X Koura d |                 | Middle Initial    | SCHNEIDER Family Name Elimit du |
|---------|------------------------------------------------------------------------|---------|-------------------------------|-----------------|-------------------|---------------------------------|
| 3       | Date of Signat                                                         |         | X                             | 05<br>Month     | Day Day           | 2005<br>Year                    |
|         | Residence:                                                             |         | Fellon<br>—Gity—              |                 | State or Province | Germany<br>Country              |
|         | Citizenship:                                                           | Germany |                               |                 | ,                 |                                 |
|         | Post Office Addre                                                      |         |                               | Am Forst 1,     | , <u></u>         |                                 |
|         | (Insert complete mailing address, including country                    |         |                               | 97778 Fellon, ( | Germany           |                                 |

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

| Typewritten                                                                                                     | Full Name                                                                                                                                                                                                  |                                                           |                                       |                          |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------|--------------------------|
| of Joint Inv                                                                                                    | entor:                                                                                                                                                                                                     | Thomas                                                    |                                       | MULLER                   |
|                                                                                                                 | <b>O</b> `                                                                                                                                                                                                 | Crivey Name                                               | Middle Initial                        | Family Name              |
| Inventor's                                                                                                      | Signature:                                                                                                                                                                                                 | * Momas                                                   |                                       |                          |
| Date of Sign                                                                                                    | natore:                                                                                                                                                                                                    | <u> </u>                                                  |                                       | 2 00 5<br>Year           |
| Residen                                                                                                         |                                                                                                                                                                                                            | Month<br>Steinfeld                                        | 1.44y                                 | Germany                  |
| KCSIGCIN                                                                                                        | <u> </u>                                                                                                                                                                                                   | City                                                      | State or Province                     | Country                  |
| Citizens                                                                                                        | hip: Germany                                                                                                                                                                                               | <u> </u>                                                  |                                       | ·:                       |
|                                                                                                                 | Post Office Addres (Insert complete m                                                                                                                                                                      | alling                                                    |                                       |                          |
|                                                                                                                 | address, including                                                                                                                                                                                         | country) 97854 Steinfeld, Ge                              | rmany                                 |                          |
|                                                                                                                 | Full Name                                                                                                                                                                                                  |                                                           |                                       |                          |
| of Joint Inv                                                                                                    | enior:                                                                                                                                                                                                     | Given Name                                                | Middle Initial                        | Pamily Name              |
| Inventor's                                                                                                      | Signature:                                                                                                                                                                                                 | ***************************************                   |                                       | <u>-</u>                 |
| Date of Sign                                                                                                    | nature;                                                                                                                                                                                                    |                                                           |                                       |                          |
|                                                                                                                 |                                                                                                                                                                                                            | Month                                                     | Day                                   | Year                     |
| Kesiden                                                                                                         | cc:                                                                                                                                                                                                        | City                                                      | State or Province                     | Country                  |
|                                                                                                                 |                                                                                                                                                                                                            |                                                           | <del></del>                           |                          |
| Citizens                                                                                                        | Post Office Addres<br>(Insert complete maddress, including                                                                                                                                                 | ss:                                                       |                                       |                          |
|                                                                                                                 | Post Office Addres<br>(Insert complete m<br>address, including<br>a Full Name                                                                                                                              | ss:                                                       | Middle Initial                        | Family Name              |
| Typewritten                                                                                                     | Post Office Address<br>(Insert complete maddress, including<br>s Full Name<br>pentar:                                                                                                                      | ss: railing country)                                      | Middle Initial                        | Family Name              |
| Typewritten<br>of Joint Inv                                                                                     | Post Office Address (Insert complete maddress, including Full Name pentar: Signature:                                                                                                                      | Given Name                                                |                                       |                          |
| Typewritten<br>of John Inv<br>Inventor's<br>Date of Sig                                                         | Post Office Address (Insert complete m address, including s Full Name ventor: Signature:                                                                                                                   | ss: railing country)                                      | Middle Initial  Day                   | Pamily Name<br>Year      |
| Typewritten of John Inv                                                                                         | Post Office Address (Insert complete m address, including s Full Name ventor: Signature:                                                                                                                   | Given Name                                                |                                       |                          |
| Typewritten of Joint Inv Inventor's Date of Sig                                                                 | Post Office Addres (Insert complete m address, including a Full Name ventor: Signature: mature:                                                                                                            | Given Name  Month                                         | Day                                   | Year<br>Country          |
| Typewritten of John Inv<br>Inventor's Date of Sig                                                               | Post Office Addres (Insert complete m address, including a Full Name ventor: Signature: mature:                                                                                                            | Given Name  Month  City  ss: nailing                      | Day                                   | Year                     |
| Typewritten of John Inv Inventor's : Date of Sig Residen Citizens                                               | Post Office Address (Insert complete maddress, including a Full Name pentar:  Signature:  pature:  Post Office Address (Insert complete maddress, including a Full Name                                    | Given Name  Month  City  ss: nailing country)             | Day State of Province                 | Year                     |
| Typewritten of Joint Inv Inventor's Date of Sig Residen Citizens Typewritten of Joint In                        | Post Office Address (Insert complete maddress, including a Full Name pentar:  Signature:  pature:  Post Office Address (Insert complete maddress, including a Full Name                                    | Given Name  Month  City  ss: nailing                      | Day                                   | Year<br>Country          |
| Typewritten of Joint Inv Inventor's Date of Sig Residen Citizens Typewritten of Joint In                        | Post Office Address (Insert complete maddress, including a Full Name pentar:  Signature:  pature:  Post Office Address (Insert complete maddress, including a Full Name sentar:                            | Given Name  Month  City  SS: nailing country)  Given Name | Day State of Province  Middle Initial | Year Country Family Name |
| Typewritten of Joint Inv Inventor's Date of Sig Residen Citizens Typewritten of Joint In Inventor's Date of Sig | Post Office Address (Insert complete maddress, including a Full Name sentar:  Signature:  Post Office Address (Insert complete maddress, including a Full Name sentar:  Signature:  Signature:  Signature: | Given Name  Month  City  ss: nailing country)             | Day State of Province                 | Year                     |
| Typewritten of John Inv Inventor's Date of Sig Residen Citizens Typewritten of Joint In                         | Post Office Address (Insert complete maddress, including a Full Name sentar:  Signature:  Post Office Address (Insert complete maddress, including a Full Name sentar:  Signature:  Signature:  Signature: | Given Name  Month  City  SS: nailing country)  Given Name | Day State of Province  Middle Initial | Year Country Family Name |

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.